**Scottsdale Insurance Company**

Home Office: One Nationwide Plaza

Columbus, Ohio 43215

Adm. Office: 8877 North Gainey Center Drive

Scottsdale, Arizona 85258

Scottsdale Indemnity Company

Home Office: One Nationwide Plaza

Columbus, Ohio 43215

Adm. Office: 8877 North Gainey Center Drive

Scottsdale, Arizona 85258

Scottsdale Surplus Lines Insurance Company

Adm. Office: 8877 North Gainey Center Drive

Scottsdale, Arizona 85258

1-800-423-7675 • Fax (480) 483-6752  
www.scottsdaleins.com

**OIL AND GAS CONTRACTORS SUPPLEMENT**

|  |  |
| --- | --- |
| Applicant’s Name:  Physical Address:    Mailing Address:    Website Address: | Agency Name:  Agent:  Address:    E-mail:  Phone: |

**PROPOSED EFFECTIVE DATE: From**       **To**       **12:01 A.M., Standard Time at the address of the Applicant**

**PLEASE ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE “NOT APPLICABLE”**

**General Information**

1. What Coverage Extensions are requested:

Blanket Additional Insured  Blanket Waiver of Subrogation

Underground Resources  Underground Equipment

Non-Owned Watercraft Limitation Deletion  In Rem  Pollution

2. Number of Years in Business:

If under five years, how many years of experience do you have in the Oil & Gas Industry?

3. Number of Employees:

Are there any leased employees?  Yes  No

4. The Insured’s company is:

Individual  Partnership  Corporation  Joint Venture  Other:

|  |
| --- |
| 5. Description of operations for each Named Insured: |

6. Are any operations conducted offshore?  Yes  No

If yes, what is the percentage of overall operations?    %

7. Are any operations conducted on inland waterways?  Yes  No

If yes, what is the percentage of overall operations?    %

8. Receipts History—Past five years

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Year: |  |  |  |  |  |
| Receipts: |  |  |  |  |  |

9. Payroll History—Past five years

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Year: |  |  |  |  |  |
| Payroll: |  |  |  |  |  |

10. Have you ever been cited or convicted for violation of any statute or other such regulation or law regarding pollution or environmental impairment?  Yes  No

If yes, please describe:

11. Have you ever incurred any losses, been notified of intent to sue, paid any damages or been requested to pay damages for incurring or alleged to have incurred pollution or environmental damage?  Yes  No

If yes, please describe:

12. **Service Contracting Operations** (select all that apply):

|  | **Gross Receipts** | **Gross Payroll** |
| --- | --- | --- |
| Acidizing/Fracturing |  |  |
| Blowout Preventer Service/Installation |  |  |
| Casing installation |  |  |
| Casing Packing |  |  |
| Cementing |  |  |
| Dredging |  |  |
| Fishing |  |  |
| Gas Processing |  |  |
| Gas Squeezing |  |  |
| Gas Sweetening |  |  |
| Gauging |  |  |
| Heat Treating |  |  |
| Hot Oil—Number of Hot Oil Units: |  |  |
| Hydrostatic Testing |  |  |
| Instrument Logging |  |  |
| Nipple Up Plumbing |  |  |
| Nitrogen CO2 Injection |  |  |
| Packer Installation |  |  |
| Painting/Sand Blasting |  |  |
| Paraffin Treatment |  |  |
| Gauging |  |  |
| Perforating |  |  |
| Pipe Fitting |  |  |
| Pipe Straightening |  |  |
| Pipe Threading/Cutting |  |  |
| Pile Drilling |  |  |
| Plumbing |  |  |
| Snubbing |  |  |
| Squeeze Cementing |  |  |
| Squib Shot Workovers |  |  |
| Salt Water Disposal |  |  |
| Steam Treating |  |  |
| Surveying |  |  |
| Tool Dressing |  |  |
| Tank Cleaning |  |  |
| Vacuum Truck—Number of Vacuum Units: |  |  |
| Welding |  |  |
| Wireline—Number of Wireline Units: |  |  |
| Well Completion |  |  |
| Well Plugging |  |  |
| Workover—Number of Work Over Units: |  |  |

13. How are your Servicing Operations contracted?

a. Master Service Agreements?  Yes  No

If yes, attach copy.

b. Well Service Contract?  Yes  No

If yes, attach copy.

c. Individual job order*I*purchase order?  Yes  No

**Welding Operations**

14. Total percentage of overall operations:    %

Percentage of in-field operations:    %

Percentage of in-shop operations:    %

Percentage of operations involving new construction:    %

Percentage of operations involving maintenance or repair:    %

15. What welding industry standards does the insured operate under?

16. What do the welding operations involve?

17. Is there any welding of pipelines or containers which have previously carried flammable liquids or   
gases?  Yes  No

18. Is there any hot tap work?  Yes  No

If yes, who is responsible for closing valves and bleeding pipelines?

19. Is there any welding over the hole?  Yes  No

If yes, what is the percentage of operations:    %

20. Is there any welding in refineries or petrochemical plants?  Yes  No

21. **Lease Work Operations** (select all that apply)

|  |  |  |
| --- | --- | --- |
|  | **Gross Receipts** | **Gross Payroll** |
| Flow Line/Waterline |  |  |
| Backhoe |  |  |
| Lease Beautification |  |  |
| Slush Pit Construction |  |  |
| Road Building |  |  |
| Land Clearing |  |  |
| Levee Construction |  |  |
| Pump Installation/Service |  |  |

**Subcontractor Information**

22. What percentage of work is subcontracted?    %

23. Are Master Service Agreements used?  Yes  No

If yes, what kind?  API  IADC  Other:

24. Are Certificates of Insurance obtained from all subcontractors?  Yes  No

25. What limits are subcontractors required to carry?

26. Is the Insured held harmless by subcontractors?  Yes  No

27. Is the Insured named as an Additional Insured on the subcontractor’s Primary and Excess policies?  Yes  No

**Loss Prevention**

28. Is there a formal safety program?  Yes  No

29. Is there an employed Safety Director?  Yes  No

30. Is there a formal employee training program?  Yes  No

31. Are pre-employment drug screens performed?  Yes  No

32. Does the Insured have a Certified Drug-Free workplace?  Yes  No

33. Is the Insured currently involved in any open litigation?  Yes  No

34. Is the Insured currently aware of any situation that may result in future litigation?  Yes  No

**FRAUD WARNINGS: Refer to the Oil and Gas Application for State Fraud Warnings**

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

APPLICANT’S NAME AND TITLE:

APPLICANT’S SIGNATURE: DATE:

(Must be signed by an active owner, partner or executive officer.)

PRODUCER’S SIGNATURE: DATE:

AGENT NAME:       AGENT LICENSE NUMBER:

*(*Applicable to Florida Agents Only)

IOWA LICENSED AGENT:

(Applicable in Iowa Only)

|  |
| --- |
| NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION/AUDIT: |

|  |  |  |
| --- | --- | --- |
|  | IMPORTANT NOTICE |  |
|  |  |
| As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning  character, general reputation, personal characteristics and mode of living. Upon written request, additional  information as to the nature and scope of the report, if one is made, will be provided. | | |